



WILLIAM  
OSLER  
HEALTH  
CENTRE

ETOBICOKE GENERAL HOSPITAL  
PEEL MEMORIAL HOSPITAL  
BRAMPTON CIVIC HOSPITAL

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*Here for you... caring for you*

## **Media Statement:**

**Brampton, Ontario - December 6, 2007:** On December 4, leaders from the local Sikh community, elected officials and members of the media were invited to attend a meeting to discuss the recently opened Brampton Civic Hospital. More than 50 people, including representatives from 14 of 41 media outlets contacted, took part in the information session.

The following represents excerpts of information that was provided at the meeting:

***William Osler Health Centre (WOHC) is bound by privacy and confidential legislation (Personal Health Information Protection Act, Quality of Care Information Protection Act, Public Hospitals Act and Regulated Health Professionals Act) that prevent us from disclosing information regarding any specific patient case. This includes the patient's name, diagnosis, length of time in any hospital department, etc.***

We are aware that a considerable amount of misinformation is circulating about WOHC and Brampton Civic Hospital (BCH). This is detrimental to the staff, physicians, volunteers and most of all to the patients who rely on us to provide care. We therefore feel it is important to share as many facts with you as permitted by law.

### **Emergency Department Wait Times:**

- We acknowledge that wait times in the Emergency Departments (ED) at Brampton Civic and Etobicoke General, like most hospitals in major centres in Ontario, are longer than we would like.
- No individuals have passed away while awaiting care in a BCH waiting area.
- The government of Ontario recently announced it will include emergency wait times as part of their ongoing Wait Time Strategy. WOHC supports this initiative aimed at reducing wait times.

### **Emergency Triage System:**

- We follow a new two-step triage system in BCH's Emergency Department where most patients are screened for life threatening illness or injuries within approximately 10 -15 minutes of arrival by a Registered Triage Nurse.
- All hospitals use the Canadian Triage Acuity Scale to screen patients arriving in their Emergency Departments.
- We have seen a marked increase in the number of CTAS 1 & 2 cases (see below) at BCH; these cases require a more intensive level of care which will affect wait times.
- Depending on the outcome of initial screening patients will either be taken directly to a treatment area for a full assessment and treatment or directed to a designated waiting area for a full triage assessment.

## TRIAGE & ACUITY SCALE CATEGORY DEFINITIONS

CTAS Level	Description	Conditions
Level I	Resuscitation	Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions.
Level II	Emergent	Conditions that are a potential threat to life, limb or function, requiring rapid medical intervention or delegated acts.
Level III	Urgent	Conditions that could potentially progress to a serious problem requiring emergency intervention. May be associated with significant discomfort or affecting ability to function at work or activities of daily living.
Level IV	Less Urgent (Semi urgent)	Conditions that related to patient age, distress, or potential for deterioration or complications would benefit from intervention or reassurance within 1-2 hours.
Level V	Non Urgent	Conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration. The investigation or interventions for some of these illnesses or injuries could be delayed or even referred to other areas of the hospital or health care system.

### **Security in the Emergency Department:**

- Emergency Departments are often busy, congested areas where emotions can run high given the nature of the environment. The presence of security staff in or near the ED is standard in major hospitals to help ensure the safety of patients, visitors and staff.
- Security assists with psychiatric patients who may cause injury to themselves or others and responds to requests from staff who feel unsafe while providing care.

### **Improving service in the Emergency Department at BCH:**

- We have staffed the BCH Emergency Department to accommodate 90,000 visits per year as per ministry-approved research. This is 13,500 more than the actual visits at Peel Memorial Hospital. Since opening we have seen more than a 20% increase in patient volumes over and above the expected increase.
- During the busiest periods of the day three to four physicians are on duty; only during the slowest period (between 3-7 am) is one physician scheduled with an on-call physician as back up.
- We are implementing a 14-point plan to improve patient flow in the ED.
- We continue to recruit and train staff for the BCH Emergency area to help manage the increase in patient volumes.
- We have reduced the number of admitted patients waiting in the ED by approximately 50%. These patients are moved out of the ED to the appropriate inpatient departments.
- We are enhancing training for ED and Security staff to improve their customer service skills, including crisis de-escalation techniques.

**Role of the Patient Ombudsman:**

- The Patient Ombudsman is available to all patients, families and community members who have questions, compliments, or concerns, and facilitates the handling and resolution of the concerns with physicians, management and staff. The Ombudsman's office can be reached at (905) 494-6565 or patient\_ombudsman@oslerhc.org

**Accountability:**

- If something unexpected occurs or when there is reason to question the quality of patient care, WOHC has a Corporate Disclosure Policy that ensures disclosure is handled consistently across the organization. We also have a Quality of Care Committee responsible for assessing the provision of health care at WOHC in order to improve or maintain the quality of health care, or the level of skill, knowledge and competence of persons who provide health care.

**Customer Experience:**

William Osler Health Centre's Corporate Strategic Plan states the following:

- *We will develop our Patient Satisfaction surveying to allow individual program areas to be accountable for their patient satisfaction results. Canadian Institute for Health Information classification of Patient Satisfaction for Community Hospitals will be our comparator group.*
- *We will develop and implement an internal customer service scorecard to rate the performance of our non-clinical teams.*
- *Scripting will be initiated beginning in 2007, to be fully implemented across all of WOHC by 2008.*
- *Ombudsman office results will be broken down by program area to allow individual program areas and physicians to be accountable for their Ombudsman feedback results.*
- *We will develop and implement a community relations and cultural competency plan to determine and improve community attitudes and perceptions of William Osler Health Centre.*
- *We will create a culture of philanthropy with community partners and businesses throughout the city and LHIN.*
- *We will continue to build relations with community healthcare partners to integrate care.*

We have publicly committed to achieving these goals.

### **Safe Patient Care:**

Enhancing patient safety is a primary goal in our Corporate Strategic Plan. We have dedicated Quality of Care Committee to guide and implement safety policies and protocols. In 2006 we introduced a new Corporate Patient Safety Manager position.

WOHC performed better than average at both hospital sites in the recently released *Hospital Standardized Mortality Ratio (HSMR)* study. HSMR is an overall quality indicator and measurement tool that compares a hospital's mortality rate with the overall average rate. It has been used by many hospitals worldwide to assess and analyze mortality rates, identify strategies for reducing deaths, monitor changes in performance over time and ultimately strengthen patient safety and quality of care. Peel Memorial Hospital ranked second in the country. That same safe care model and the staff who delivered this high level of care at Peel Memorial transferred to Brampton Civic Hospital on October 28, 2007, where they are providing the same level of high quality care.

### **Other BCH FACTS:**

- Brampton Civic Hospital is a *public* hospital. All other claims to the contrary are false.
- Brampton Civic Hospital was constructed on time and on budget. All other claims to the contrary are false.
- WOHC is responsible for providing all clinical patient services at BCH.
- There is no relationship between the Alternative Financing and Procurement model used to finance, construct and maintain Brampton Civic and the clinical care of patients.
- Brampton Civic Hospital was built to accommodate 608 beds. We have been funded to open 479 beds in 07/08; the remaining beds will be phased in by fiscal year 2011/2012 as patient volumes increase. Inpatient bed volumes change every day and throughout the day. To date we have not yet filled all 479 beds, but are prepared should patient volumes reach this level.
- Two interpreter services are available for patients -- WOHC staff and *Language Line* – a 24/7 Telephone Interpreter Service operated by translators with a health care background.

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